

NON USE CERTIFICATION MONITORING REPORT **LOCAL LIMITS**

MAY 4 2009

NAME: ASAP LINEN, INC.MAILING ADDRESS: 36 - 38 IOWA AVENUE, PATERSON, NJ 07503FACILITY LOCATION: SAMECATEGORY & SUBPART N/A PERMIT #: 27220027 OUTLET #: 1CONTACT OFFICIAL: MITCHELL SMITH TELEPHONE #: 973-684-7600

I have been authorized to certify non-use for the following heavy metals:

Arsenic	<input type="checkbox"/>	Lead	<input checked="" type="checkbox"/>	Zinc	<input type="checkbox"/>	SAMPLE DATE		
Cadmium	<input checked="" type="checkbox"/>	Mercury	<input checked="" type="checkbox"/>			MONTH	DAY	YEAR
Chromium	<input type="checkbox"/>	Molybdenum	<input type="checkbox"/>			MARCH	19	2009
Copper	<input checked="" type="checkbox"/>	Nickel	<input checked="" type="checkbox"/>					

PARAMETER		CONCENTRATION			SAMPLE TYPE
		RESULT	THRESHOLD VALUE EXCEEDED YES OR NO	UNITS	COMP/GRAB
Cadmium	Sample Measurement	<0.001	NO	MG/L	COMP
	Threshold Value	0.005		MG/L	
Mercury	Sample Measurement	<0.0005	NO	MG/L	COMP
	Threshold Value	0.001		MG/L	
Lead	Sample Measurement	<0.002	NO	MG/L	COMP
	Threshold Value	0.029		MG/L	
Copper	Sample Measurement	0.031	NO	MG/L	COMP
	Threshold Value	0.092		MG/L	
Nickel	Sample Measurement	<0.004	NO	MG/L	COMP
	Threshold Value	0.02		MG/L	
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				

PVSC Form MR-3 10/96

- (1) I have reviewed the analytical data on the reverse side of this form and any applicable prior forms and hereby certify that we have met the non-use certification criteria for the following heavy metals:

As <input type="checkbox"/>	Cr <input type="checkbox"/>	Pb <input checked="" type="checkbox"/>	Mo <input type="checkbox"/>	Zn <input type="checkbox"/>
Cd <input checked="" type="checkbox"/>	Cu <input checked="" type="checkbox"/>	Hg <input checked="" type="checkbox"/>	Ni <input checked="" type="checkbox"/>	

Therefore, I am required to monitor for these heavy metals only in March and September.

- (2) (a) I have reviewed the analytical data on the reverse side of this form and any applicable prior forms and hereby certify that we have not yet met the non-use certification criteria for the following heavy metals:

		*		*			*
Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	Copper	<input type="checkbox"/>	<input type="checkbox"/>	Molybdenum	<input type="checkbox"/>
Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	Lead	<input type="checkbox"/>	<input type="checkbox"/>	Nickel	<input type="checkbox"/>
Chromium	<input type="checkbox"/>	<input type="checkbox"/>	Mercury	<input type="checkbox"/>	<input type="checkbox"/>	Zinc	<input type="checkbox"/>

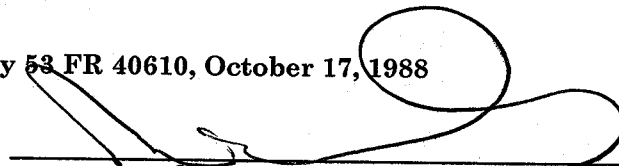
- (b) * Means the number of additional monthly samples needed to reach 3 months in succession when the value is equal to or below the Threshold Value. I understand that I must automatically monitor for the heavy metals identified in (2) (a) above each month until the analytical results for three (3) months in succession are at or below the threshold value for that heavy metal. This will not affect my responsibility to monitor in March and September as required by Section B-103.

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6 (a)(2)(ii) revised by 53 FR 40610, October 17, 1988

4/6/2009

Date



 Signature of Principal
 Executive or Authorized Agent

MITCHELL SMITH

VICE PRESIDENT

 Type Name and Title



ANALYTICAL DATA REPORT

for
ASAP Linen
36-38 Iowa Ave.
Paterson, NJ 07503

Project Name: PVSC MONITORING
Lab Case Number: E09-02807

MDL = METHOD DETECTION LIMIT

< = LESS THAN THE MDL

Metals

Lab ID: 02807-001

Client ID: 01

Matrix-Units: Aqueous-mg/L

Percent Moisture: 100

Date Sampled: 3/19/2009

Time Sampled: 15:30

Date Analyzed: 3/25/09

Parameter	Result	Q	MDL
Cadmium	< 0.001		0.001
Copper	0.031		0.008
Lead	< 0.002		0.002
Mercury	< 0.0005		0.0005
Nickel	< 0.004		0.004
Zinc	0.054		0.008

General Analytical

Lab ID: 02807-001

Client ID: 01

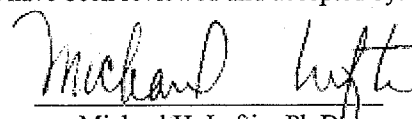
Percent Moisture: 100

Date Sampled: 3/19/2009

Time Sampled: 15:30

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Biochemical Oxygen Demand	421	2.00	Aqueous-mg/L	3/20/2009 14:00
Total Suspended Solids	42.4	10.0	Aqueous-mg/L	3/24/2009 12:00

These data have been reviewed and accepted by:


 Michael H. Leftin, Ph.D.
 Laboratory Director

273 Franklin Road
 Randolph, NJ 07869
 Phone: 973 361 4252
 Fax: 973 989 5288



IAL is a NELAC New Jersey Certified Lab (14751) and maintains certification in Connecticut (PH-0699), New York (11402), Rhode Island (OC126), Pennsylvania (68-00773) and in the Department of Navy IR QA Program

